



## Legislative Update

### NEW NEWSLETTER NAME

Recently AMB board staff held a "Name Our Newsletter Contest." We had several fantastic entries, but "The Check-Up" was the winner.

James Silva, an AMB staff member, had the winning name.

Congratulations, James.

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## Wrap-Up of the Fifty-third Legislature First Regular Session (2017)

The 53rd Arizona State Legislature, First Regular Session, adjourned sine die on May 10, 2017 at 7:00 p.m. Here is a brief synopsis of some of the legislative decisions related to the practice of medicine. The general effective date for the new laws is August 9, 2017, unless stated otherwise in the bill.

House Bill ("HB") 2195: This Arizona Medical Board (AMB) endorsed bill was sponsored by Representative Heather Carter. The bill contained various changes to statutes related to the AMB. The definition of "unprofessional conduct" was modified to include a pattern of using or being under the influence of alcohol or drugs while practicing medicine or to the extent that judgment may be impaired and the practice of medicine detrimentally affected. Please refer to the bill for the various adjustments. (continued on page 6)



## BOARD MEMBERS

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Executive Director

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Jodi A. Bain, J.D., Board Member

## AMB Welcomes:



### Dr. Bruce Bethancourt

On February 6, 2017, Governor Ducey appointed Dr. Bruce Bethancourt, MD, FACP, as a Physician Member to the AMB. His Senate confirmation was on April 25, 2017.

Dr. Bethancourt is the Chief Medical Officer (“CMO”) for Dignity Health (“DH”) Medical Group. As CMO, he is responsible for the strategic leadership of medical operations, quality of care and service management, financial oversight, and promoting physician leadership and accountability as well as a positive physician culture. He chairs the DH Pharmacy Clinical Council where he developed and operationalized two Transitional Care Clinics in Phoenix.

Dr. Bethancourt served St. Vincent Medical Group (“SVMG”) as the key executive leader and champion for clinical effectiveness, quality and patient safety (2012 – 2014). He also played a key strategic role as part of the team to provide medical leadership and accountability in clinical outcomes and performance, patient satisfaction, administrative, fiscal operations and strategic planning.

He served in progressive roles as medical director, regional medical director and founding chief medical officer of Banner Medical Group (“Banner”), a multi specialty physician group of over 650 physicians, nurse practitioners and physician assistants (2007–2012). As CMO, he had key responsibility for the development, implementation, measurement and improvement of all quality initiatives of Banner.

Dr. Bethancourt graduated with honors (Alpha Omega Alpha) from the University of Arizona, College of Medicine-Tucson and completed his residency at the University of Arizona, Health Sciences Center, where he also served as chief medical resident.

Please join us in welcoming Dr. Bethancourt.

# Interstate Medical Licensure Compact (IMLC) - More Information

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*The following information is borrowed from the IMLCC Website: [www.imlcc.org](http://www.imlcc.org)*

## Do I Qualify? Compact Eligibility Requirements:

You must hold a *full, unrestricted medical license in a Compact Member State*. **AND** at least one of the below must apply:

- a. Your primary residence is in the SPL (State of Principal Licensure)
- b. At least 25% of your practice of medicine occurs in the SPL
- c. Your employer is located in the SPL
- d. You use the SPL as your state of residence for U.S. federal income tax purposes

## The Compact:

The IMLC is an agreement between 18 states and the 23 Medical and Osteopathic Boards in those states. Under this agreement licensed physicians can qualify to practice medicine across state lines within the Compact if they meet the agreed upon eligibility requirements. Approximately 80% of physicians meet the criteria for licensure through the IMLC.

For the fee schedule and other pertinent information, please consult the IMCC website at <http://www.imlcc.org/what-does-it-cost/>



In March, we completed a refresh of the [azmd.gov](http://azmd.gov) website.  
(see image below)

Please visit the new site and if you have comments or suggestions,  
email them to: [communications@azmd.gov](mailto:communications@azmd.gov)



## A Word about Pediatric CPR from Dr. Marc Berg

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*Interview with Dr. Berg, by Kristina Fredericksen, AMB Deputy Director*



Dr. Marc Berg, MD, FAAP, is a Board Certified Pediatric Critical Care Specialist who started his tenure as an AMB Physician Member in April 2014. In July, he completes his service to the Board. We recently spoke with Dr. Berg about his future plans. Over the summer, he embarks on a new career as Medical Director at Stanford University's REVIVE Initiative for pediatric resuscitation. Dr. Berg explains, "This Stanford program brings forward the needs of excellence in the performance of CPR for children." (This has been a passion of Berg's for many years.) Dr. Berg has served as an American Heart Association ("AHA") volunteer for the last five years, with a focus on pediatric CPR. In addition to his work for the AHA, Dr. Berg served as Division Director of Pediatric Critical Care at the University of Arizona for the last fifteen years. A role that Dr. Berg says he loves and is proud of his tenure and the work they have accomplished.

### **Dr. Marc Berg, MD, FAAP**

Dr. Berg's volunteer work for the AHA and Pediatric Advanced Life Support ("PALS") has taken him across the United States and the globe as an advocate for projects. Dr. Berg does not receive any remuneration for his participation in the AHA or PALS projects, and this June when he travels to Rome, Italy to participate in the AHA Pediatric CPR Olympics as a judge is no exception. When we started to discuss the details of cardiac resuscitation, you could hear the intensity and devotion to the cause in Dr. Berg's voice. He is committed and dedicated to the need to get the word out on excellence in pediatric CPR.

According to Dr. Berg, "Although adults are ten times more likely to have need for cardiac resuscitation, when we save a child, we talk about 'years of life saved.'" The REVIVE Initiative at Stanford really acknowledges that children are different, and develops how best to teach people to deal with cardiac arrest. Dr. Berg continued, "We are out there to kind of spread the word on how to treat these kids. Arizona, Florida, Texas and California have high numbers of drowning accidents." Arizona experiences a large number of drowning accidents per capita. Some drownings occur due to the fact pool safety public service announcements ("PSA") that are generally scheduled to occur every spring do not always happen. Additionally, an eighteen year-old may tune out a PSA's drowning awareness message but, fast-forward five years and that same person could be having their own children and need to hear that message again.

It is vitally important to do high quality chest compressions, whether children or adults. The underlying goal, according to Dr. Berg, is to get really good quality (deep) chest compressions. "There is a huge initiative in Arizona for compression-only CPR, no rescue breaths, only compressions." Dr. Berg shared that Dr. Ben Bobrow, Medical Director for the Bureau of Emergency Medical Services and Trauma System in the State Health Department, has been a huge advocate for compression-only CPR for adults and is one of many encouraging the use of compression-only CPR for children. "Drowning is almost always an unwitnessed arrest. No one knows how long a child was in the water. Bystander CPR is important too. There is a need to act immediately. We push hard to get the message out and make sure people know what to do in case of an emergency."

## We Continue to Need *Your* Expertise

There continues to be an on-going need for physicians to review investigation cases for the AMB as outside medical consultants ("OMCs"). OMCs are professionals who receive a stipend and may be eligible for continuing medical education credit(s) to evaluate investigatory cases for standard of care and provide written comments for AMB staff to review in the course of an investigation.

We need Arizona licensed physicians in ALL specialties. We are actively seeking:

|                             |  |                     |                          |
|-----------------------------|--|---------------------|--------------------------|
| Addiction Medicine          | Interventional Cardiology              | Medical Oncology    | Gynecological Oncology   |
| Pain Management             | Cardiothoracic Surgery                 | Hematology/Oncology | Interventional Radiology |
| Pain Medicine               | Clinical Cardiac Electrophysiology     | Surgical Oncology   | Neurology                |
| Pharmacology and Toxicology | Anatomic/Clinical (Surgical) Pathology |                     |                          |

Please contact us at [omc@azmd.gov](mailto:omc@azmd.gov) for details, or call (480) 551-2700.

## From the Desk of Chief Medical Officer, William Wolf, M.D. *Staying Out of Trouble*

It Isn't Rocket Science...

... but follow up on those x-rays—and those labs, too. It seems a point so obvious that it is hardly worth making. However, the AMB sees a number of cases every year where a doc failed to follow-up on a lab or imaging study that either he or his midlevel provider ordered. Many of these cases involve delayed cancer diagnoses—sometimes for months or even years—because of failure to follow-up on a chest x-ray or CT finding. These are often tragic cases in which a patient presents later with advanced intractable disease that might have been controlled had it been addressed earlier. Oftentimes, the doc has even signed off on the test indicating that he reviewed it.

These cases typically come to the attention of the AMB as a result of a settled lawsuit. Most malpractice cases that come before the AMB are settlements. This type of malpractice case almost always settles, probably because such a case would be difficult to defend before a jury. These docs are not dumb, nor habitually careless, but a single error like this can follow a physician for the rest of his career. These cases show that much of adhering to the standard of care does not involve obscure diagnoses or difficult treatment decisions, but merely doing what we all already know we need to do.

*William Wolf, MD*  
Chief Medical Consultant



## 53rd Regular Session of the State Legislature, (cont'd from p. 1)

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HB 2197: Telemedicine; Audio Visual Requirements: Deletes the requirement that telemedicine audio and visual capability meets the elements required by the federal Centers for Medicare and Medicaid Services.

HB 2271: Occupational Licensing; Military Members: The education, training or experience requirements for a license, certificate or registration issued pursuant to Title 32 (Professions and Occupations) are completely or partially satisfied, as determined by the regulating entity, on presentation of satisfactory evidence that the applicant received substantially equivalent education, training or experience as a member of the U.S. Armed Forces.

Senate Bill ("SB") 1023: Dispensers; Prescription Drug Monitoring: The Controlled Substances Prescription Monitoring Program ("Program") is expanded to include tracking the prescribing, dispensing and consumption of schedule V controlled substances, in addition to Schedule II, III, and IV. Conditionally enacted on HB2493 becoming law, the Board of Pharmacy is authorized to release to the Department of Health Services data from the Program regarding persons who are receiving or prescribing controlled substances if the information is necessary for the Department to implement a public health response to address opioid overuse or abuse.

SB 1435: Osteopaths; Fingerprinting: Beginning September 1, 2017, an applicant for licensure or expedited licensure by the Board of Osteopathic Examiners and an applicant for expedited licensure by the Arizona Medical Board is required to submit a full set of fingerprints to the appropriate Board for the purpose of obtaining a state and federal criminal records check. Applicants for licensure as a physical therapist or certification as a physical therapist assistant are required to obtain a valid fingerprint clearance card.

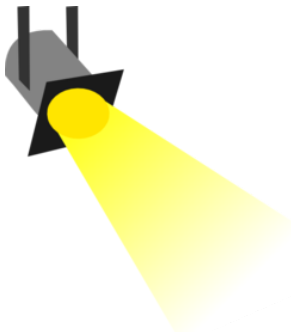
SB 1452: Health Profession Regulatory Boards: A member of a health profession regulatory board is ineligible for reappointment to that board once the person has been appointed for two full terms. A person may be reappointed to a board once if the person has not been on the board for a time period of at least two full terms. Health profession regulatory boards are required to digitally record all open meetings of the board and to maintain the records for three years. Each health profession regulatory board is authorized to establish a nondisciplinary confidential program for the monitoring of licensees who may have been chemically dependent or may have had a medical, psychiatric, psychological or behavioral health disorder that may impact the licensee's ability to safely practice or perform health care tasks. Establishes a statute of limitations of four years for complaints against licensees or certificate holders of health professions regulatory boards. *Effective January 1, 2018.*

## Dear Physician, Did You Know...

***Medical certification of death on a death certificate must be completed within 72 hours.***

A.R.S. §36-325(G): If a person under the current care of a health care provider for an acute or chronic medical condition dies of that condition, or complications associated with that condition, the health care provider or a health care provider designated by that provider shall complete and sign the medical certification of death on a death certificate within seventy-two hours. If current care has not been provided, the medical examiner shall complete and sign the medical certification of death on a death certificate within seventy-two hours after the examination, excluding weekends and holidays.

## In the Spotlight...



### **Spotlight on: *Patricia McSorley, J.D., Executive Director***

On February 26, 2015, the Board appointed Ms. Patricia McSorley as the Executive Director for both the Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants. Ms. McSorley launched her career for the Board in 2005, working in the Investigations Department. In fact, for more than eight years, she managed the AMB's Investigations Department.

Prior to her appointment as Executive Director, Ms. McSorley was asked, on two separate occasions, to serve as the Acting Interim Executive Director during periods of transition.

On a personal note, Ms. McSorley is an attorney and holds a Juris Doctorate from Brooklyn Law School. Previously, she served as the Assistant Commissioner for the Bureau of Investigations and Trials with the New York City Fire Department. She was born and raised in New York and moved to Arizona with her family in 1995.

## AMB Offices Are Planning to Move in 2018



The Arizona Medical Board Offices are moving in 2018.

Currently, the projected move date is scheduled for early 2018.

Stay tuned for more details.